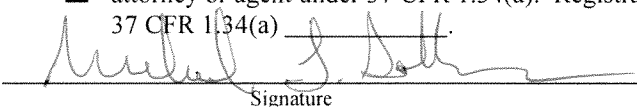


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 29556.1603 (176/61373) (6-11407-1177)											
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____		In re Application of: Ronald W. Wood <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number: 10/542,501</td> <td style="padding: 2px;">Filed: January 10, 2006</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For: QUATERNARY ANTIMUSCARINIC COMPOUNDS FOR THE TREATMENT OF BLADDER DISEASES</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit: 1614</td> <td style="padding: 2px;">Examiner: Phyllis G. Spivack</td> </tr> </table>		Application Number: 10/542,501	Filed: January 10, 2006	For: QUATERNARY ANTIMUSCARINIC COMPOUNDS FOR THE TREATMENT OF BLADDER DISEASES		Group Art Unit: 1614	Examiner: Phyllis G. Spivack				
Application Number: 10/542,501	Filed: January 10, 2006												
For: QUATERNARY ANTIMUSCARINIC COMPOUNDS FOR THE TREATMENT OF BLADDER DISEASES													
Group Art Unit: 1614	Examiner: Phyllis G. Spivack												
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate entity fee are as follows (check time period desired): <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)</td> <td style="text-align: right;">\$ <u>1175</u></td> </tr> </table>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ <u>1175</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____												
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ _____												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____												
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ <u>1175</u>												
<input checked="" type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>505409</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.													
 _____ Signature		_____ July 1, 2011 Date											
_____ Michael L. Goldman Typed or printed name		_____ (585) 270-2101 Telephone Number											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.													
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.													

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450